



# Northern Neighbours Foundation

## GRANT APPLICATION 2025

Box 802 - Flin Flon - MB - R8A 1N6 - northernneighbours.com

Please try to limit typing to size of boxes. After completion, save file and email to northernneighbours@gmail.com

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**Name of Organization:**

**Charitable Registration Number (required):**

**Contact Person:**

**Title:**

**Full Mailing Address:**

**Email:**

**Telephone:**

**President:**

**Executive Director:**

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**Previous Grants:** *Please list previous grants received from Northern Neighbours in the last five years.*

**Project Title:** [Click Here](#)

**Year:** [Click or t](#)

**Amount:** [Click Here](#)

**Project Title:** [Click Here](#)

**Year:** [Click or tap to ent d](#)

**Amount:** [Click Here](#)

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**NEW Project Title:** [Click Here](#)

**Brief Description of NEW Project:**

**Total Project Costs:** \$

**Amount Requested:** \$

**Project Duration:**

**From**

**to**

**Date Funds are required:** [Click or tap .](#)

## **ABOUT YOUR PROJECT**

**PURPOSE:** What is the purpose of this project?

**WHO:** Who will be served by this project? How many will be served? What geographic area is served?

[Click Here](#)

**SOURCES OF FUNDING** Please identify sources of funding for this grant application:

- |    |    |                                  |                                    |
|----|----|----------------------------------|------------------------------------|
| 1. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |
| 2. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |
| 3. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |
| 4. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |

**FUTURE FUNDS:** If this project will require future or ongoing funding, how will that be done?

[Click or tap here to enter text](#)

**EVALUATION:** How will this project be evaluated (*including time-frame and final report*)?

**OTHER:** Is there anything else you would like us to know about this project? Use this space or add maximum 2 pages to application. I have added an attachment to this application.

**PARTIAL FUNDING:** Would your organization be able to continue the initiative if you were to receive only partial funding in support of your request? **Yes**      **No**      If 'no', please explain below.

**RECOGNITION:** How do you propose to recognize a grant from The Northern Neighbours Foundation?

## **ABOUT YOUR ORGANIZATION**

### **ORGANIZATION:**

- a) When did it begin operation?
- b) What is the purpose of your organization and whom does it serve?

### **VOLUNTEERS:**

- (a) Do volunteers who are not Board Members, work for your organization?
- (b) If the answer is yes, how many are involved? [Click Here](#)
- (c) What do they do?

### **STAFF:**

- a) Number of full-time positions:
- b) Number of part-time positions:

**ATTACHMENTS** (Click on box to indicate items are attached. If not attached provide explanation.)

- List of Officers of the Governing Board and All Directors**
- Income and Expense Budget:**
  - Last Fiscal Year**
  - Current Fiscal year**
  - Detailed project budget indicating anticipated income and official quotes**
- We certify that the Board of Directors has authorized this application.**

President: \_\_\_\_\_

Date: Click or tap to enter a date.

Executive Director: \_\_\_\_\_

Date: ick or tap to enter a date.

\_\_\_\_\_  
*Mail Application to:*

The Northern Neighbours Foundation  
Box 802, Flin Flon, MB, R8A 1N6

*Or email to:*

northernneighboursfoundation@gmail.com